

ISD/Health Division
1 Franey Road
Somerville, MA 02145
617-625-6600 ext. 4330

License #:

DATE : _____

FOOD ESTABLISHMENT PERMIT APPLICATION
(please fill out both sides)

- 1) Establishment Name: _____
2) Establishment Address: _____
3) Establishment Mailing Address (if different): _____
4) Establishment Telephone Number: _____
5) Applicant Name & Title: _____
6) Applicant Address: _____
7) Applicant Telephone Number: _____ 24 Hour Emergency Number: _____
8) Owner Name & Title (if different from applicant): _____
9) Owner Address (if different from applicant): _____

10) Establishment Owned by: 9 An association 9 A corporation 9 An individual 9 A partnership 9 Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table><tr><td><u>Name</u></td><td><u>Title</u></td><td><u>Home Address</u></td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

- 12) Establishment Type (check all that apply)
- | | | | |
|--|-------------------------|----------------------------------|-----------------|
| ___ Retail Food:...0 - 1000 sq. ft. | \$175 | ___ Food Service:...0 - 25 seats | \$175 |
| ___1000 - 7500 sq. ft. | \$250 | ___26 - 200 seats | \$250 |
| ___> 7500 sq. ft. | \$400 | ___> 200 seats | \$400 |
| ___ Milk | \$ 10 | ___ Food Service - Take Out | |
| ___ Ice Cream | \$ 25 | ___ Food Service - Institution | |
| ___ Frozen Desert Manufacturing | \$ 25 | (Meals/Day) | |
| ___ Residential Kitchen for Retail Sale | \$150 | ___ Food Delivery | |
| ___ Residential Kitchen for Bed & Breakfast Home | \$200 | ___ Caterer | \$200 |
| ___ Residential Kitchen for Bed & Breakfast Establishments | \$200 | ___ Mobile Food | \$175 |
| ___ New Business Application Fee | \$200 | ___ Vehicle Registration # _____ | |
| | | ___ Location of Tobacco Sales | \$ 50 |
| | | ___ Other (describe) | |
| | TOTAL AMOUNT DUE | | \$ _____ |

MAKE CHECK PAYABLE TO HEALTH DEPARTMENT
PAYMENT DUE WITH APPLICATION — NO CASH CAN BE ACCEPTED.

- 13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)
Name & Title: _____
Address: _____
Telephone Number: _____ Fax Number: _____
Emergency Number: _____
14) District or Regional Supervisor (if applicable):
Name & Title: _____
Address: _____
Telephone Number: _____ Fax Number: _____
15) Name of Person in Charge Certified in Food Protection Management: _____

Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) (Please attach copy of certificate)

Food Establishment Information

16) **Water Source:** _____ 17) **Sewage Disposal:** _____

DEP Public Water Supply No: (if applicable) _____

18) **Days and Hours of Operation:** _____ 19) **No. of Food Employees:** _____

20) **Person Trained in Anti-Choking Procedures** (if 25 seats or more): ☐ Yes ☐ No

21) **Location** (check one): ☐ Permanent Structure ☐ Mobile

22) **Length of Permit** (check one): ☐ Annual ☐ Seasonal Dates: _____ ☐ Temporary/Dates/Time: _____

23) Food Operations: (Check all that apply):	Definitions: PHF – Potentially hazardous food (time/temperature controls required) Non-PHF – non potentially hazardous food (no time/temperature controls required) RTE: - ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF	<input type="checkbox"/> PHF Cooked to Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation of PHFs for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service Within 4 Hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Preparation of Non-PHF	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application
	<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	

24) **Retailer's License for Sale of Cigarettes:** Department of Revenue License Number _____
Issue Date _____

25) **Restaurant/Food Service:** Total # of Seats _____ Non-Smoking Seats (100%) _____

26) **Mobile Food Units/Pushcart:** Application for mobile food units or pushcarts must include a list of handwash and toilet facilities available on each route . Attach a separate sheet.

27) **Extermination – Frequency of Service** (check one): ☐ Weekly ☐ Bi-Monthly ☐ Monthly
Contractor's Name _____ Telephone # _____

28) **Rubbish/Garbage Collection – Frequency of Service** (check one): ☐ Daily ☐ Bi-Weekly ☐ Weekly ☐ Bi Monthly ☐ Monthly
Private Collection: Contractor's Name _____ Telephone # _____
Address _____

29) **Dumpster on Location** (check one): ☐ Yes ☐ No
Dumpster lid must be closed at all times – locked if necessary. Dumpster/Storage area to be kept clean at all times.

30) **Trash Barrels Required if Private Off-Street Parking Provided:** # of Barrels _____
Barrels must be emptied at least once a day or more often if necessary.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

31) **Signature of Applicant:** _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

32) **Social Security Number or Federal ID:** _____

33) **Signature of Individual or Corporate Name:** _____



CITY OF SOMERVILLE, MASSACHUSETTS
ISD/HEALTH DIVISION
Joseph A. Curtatone
Mayor

FOLLOW STEPS BELOW
TO OBTAIN PERMIT FOR FOOD ESTABLISHMENT

NAME: _____ **TELEPHONE:** _____

ADDRESS: _____

- | | |
|--|--|
| 1. () Inspectional Services: | Certificate of Occupancy |
| 2. () Licensing Commission: | Common Victuallers License |
| 3. () City Clerk Department: | Business Certificate |
| 4. () Fire Prevention Bureau: | Approval - Fire Codes |
| 5. () Weights and Measures: | Measuring Devices |
| 6. () Finance Dept., Treasury Division: | Certificate of Good Standing |
| 7. () ISD/Health Division: | 1. Provide Copy of Floor Plan
2. Return Completed Application -
Including Completed Sign off Sheet |
| 8. () Commonwealth of Massachusetts | Department of Industrial Accidents
Affidavit |

Inspectional Services:	_____	_____
	Date Approved	Signature
Licensing Commission:	_____	_____
	Date Approved	Signature
City Clerk:	_____	_____
	Date Approved	Signature
Fire Prevention Bureau:	_____	_____
	Date Approved	Signature
Weights and Measures:	_____	_____
	Date Approved	Signature
Finance Department:	_____	_____
	Date Approved	Signature

Directions to Locations 1 through 7
(From Other Side)

- | | | |
|----|--|---|
| 1. | INSPECTIONAL SERVICES:
Public Works Building
One Franey Road
Behind Trum Field
617-625-6600 ext. 5600 | Hours: Monday to Friday
8:30AM to 10:00AM
3:00PM to 4:00PM |
| 2. | LICENSING COMMISSION:
City Hall
93 Highland Avenue
Highland Avenue & School Street
617-625-6600 ext. 4100 | Hours: Monday to Friday
8:30AM to 4:30PM
Thursday – 8:30AM to 7:30PM
Friday – 8:30AM to 12:30PM |
| 3. | CITY CLERK DEPARTMENT:
City Hall
93 Highland Avenue
Highland Avenue & School Street
617-625-6600 ext. 4100 | Hours: Monday to Wednesday
8:30AM to 4:30PM
Thursday – 8:30AM to 7:30PM
Friday – 8:30AM to 12:30PM |
| 4. | FIRE PREVENTION BUREAU:
255 Somerville Avenue
at Union Square
617-623-1700 | Hours: Monday to Friday
3:00PM to 5:00PM |
| 5. | WEIGHTS AND MEASURES:
Public Works Building
One Franey Road
Behind Trum Field
617-625-6600 ext. 5907 | Hours: Monday to Friday
3:00PM to 4:00PM |
| 6. | FINANCE DEPARTMENT
TREASURY DIVISION:
City Hall
93 Highland Avenue
Highland Avenue & School Street
617-625-6600 ext. 3500 | Hours: Monday to Wednesday
8:30AM to 4:30PM
Thursday – 8:30am to 7:30PM
Friday – 8:30AM to 12:30PM |
| 7. | ISD/HEALTH DIVISION:
Public Works Building
One Franey Road
Behind Trum Field
617-625-6600 ext. 4330 | Hours: Monday to Friday
8:00AM to 9:00AM
3:00PM to 4:00PM |